

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29608

FILED SEP 20 1948

Registration District No. 29

Primary Registration District No. 3025

Registrar's No. 29

1. PLACE OF DEATH:

- (a) County Neveel
(b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 mos (Specify whether years, months or days)

3. (a) PRINT FULL NAME

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife W 2 6. (c) Age of husband or wife if alive 5/19-1869 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: 79 Years 1 Months 20 Days If less than one day hr. min.

9. Birthplace Mexico (City, town, or county) (State or foreign country)

10. Usual occupation ✓

11. Industry or business W 2

12. Name W 2

13. Birthplace W 2 (City, town, or county) (State or foreign country)

14. Maiden name W 2

15. Birthplace W 2 (City, town, or county) (State or foreign country)

16. (a) Informant W 2

- (b) Address W 2

17. (a) (Burial, cremation, or removal) W 2 (b) Date thereof 7/13-48 (Month) (Day) (Year)

- (c) Place: burial or cremation W 2

18. (a) Signature of funeral director W 2

- (b) Address W 2

19. (a) W 2 (b) W 2 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Neveel
(c) City or town West Plains (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 9
year 1948 hour 12:00 minute noon

21. I hereby certify that I attended the deceased from July 8, 1948, to July 18, 1948
that I last saw him alive on July 8, 1948
and that death occurred on the date and hour stated above. Duration

Immediate cause of death Lobar Pneumonia of both lungs

Due to 0

Due to 0

Other conditions Cardio-Renal vascular Disease
(Include pregnancy within 3 months of death)

Major findings: 0

Of operations 0

Of autopsy 131A

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) 0

- (b) Date of occurrence 0

- (c) Where did injury occur? 0 (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

- (Specify type of place) While at work? 0 (e) Means of injury 0

23. Signature Richard A. Smith (M. D. or other) 2

- Address West Plains, Mo. Date signed 7/14/48

Richard A. Smith

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-13-48
District Health Officer No. 5,
District File Number 9485-95
Date Filed 9-14-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

L. D. Roberts

Licensed Embalmer No.

3437

P. O. Address

West Hill, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.